



## Original Communication

# Awareness and views of the law on termination of pregnancy and reasons for resorting to an abortion among a group of women attending a clinic in Colombo, Sri Lanka

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## ARTICLE INFO

### Article history:

Received 3 March 2008

Accepted 16 August 2008

Available online 16 October 2008

### Keywords:

Induced abortion

Law

Abortion

Pregnancy termination

Illegal abortion

## ABSTRACT

In Sri Lanka, induced abortion is a criminal offence except to save the life of the mother. This study determined the awareness and views of the law on abortion among women seeking an abortion. Three hundred and thirteen women were interviewed. The characteristics of the study group are discussed. 65.8% of the respondents stated they knew the current law, 25.6% stated they did not and 8.3% were unsure. On detailed analysis of each respondent's knowledge regarding the situations where abortion is legalized including those who stated that they did not know the law, only 11.2% had an accurate knowledge. More than 75% stated that abortion should be legalized when the mother's life was in danger, where there was pregnancy after rape or incest, when there was psychiatric illness in the mother and when there were fetal anomalies. Reasons for resorting to an abortion are discussed. Although 11.2% were aware of the law, there was no difference in the reasons for resorting to an abortion when compared with those who were unaware of the law. This study highlights the fact that availability of abortion services to women depend not only on the law and its awareness, but on how it is interpreted and enforced.

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## 1. Introduction

In Sri Lanka, induced abortion is considered a criminal offence except in the situation of saving the life of the mother. Despite this law, abortion clinics exist that perform a termination of pregnancy for reasons other than to save the life of the mother. In a study to estimate the incidence of induced abortion in urban and rural Sri Lanka, the abortion rate for the year 1998 was estimated to be 13/1000 population. It was estimated that approximately 658 abortions/day may have occurred in this year. The induced abortion ratio for 1998 was estimated to be 741 abortions per 1000 live births. The Total Abortion Rate for women 15–49 years of age was 1.62 and for currently married women, the rate was 1.92.<sup>1</sup> The present study was conducted among a population seeking abortion to determine their awareness and views of the existing law and reasons for resorting to an abortion. To our knowledge no data exists regarding awareness of the existing law among such a study group.

## 2. Method

The descriptive study was done in an abortion clinic, over one month in 2007. Three hundred and thirteen women attending the clinic were interviewed using an interviewer-administered questionnaire. The interviewers were medical officers. Consent was obtained prior to the interview and confidentiality was assured. Ethical clearance was obtained for this study.

## 3. Results

The respondents came from 19 districts in Sri Lanka. Forty-three percent were from the Colombo district. Table 1 describes the age ranges of the study group which was from 16 to 45 years. 26.2% of the study group was in the range of 31–35 years. Tables 2 and 3 describe the ethnicity and religions of the study group. 87.2% were predominantly of Sinhalese ethnicity and 82.4% of the religion was Buddhism. These were the predominant ethnic and religious groups in the country. Table 4 describes the educational level of the study group. 46.6% of the women had completed the General Certificate of Education (ordinary level) examination. A further 29.4% had studied at a higher level. Table 5 describes the civil status of the group. 90.1% were married while 8.9% were unmarried. The other respondents were either separated or widowed. 87.9%

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**Table 1**

Age ranges of the study group

| Age group (years) | Frequency | Percentage |
|-------------------|-----------|------------|
| 16–20             | 12        | 3.8        |
| 21–25             | 68        | 21.7       |
| 26–30             | 65        | 20.8       |
| 31–35             | 82        | 26.2       |
| 36–40             | 67        | 21.4       |
| 41–45             | 19        | 6.1        |
| Total             | 313       | 100.0      |

**Table 2**

Ethnicity of the study group

| Ethnicity          | Frequency | Percent |
|--------------------|-----------|---------|
| Sinhalese          | 273       | 87.2    |
| Tamil              | 24        | 7.7     |
| Muslim             | 13        | 4.2     |
| Burgher            | 1         | 0.3     |
| Other <sup>a</sup> | 2         | 0.6     |
| Total              | 313       | 100.0   |

<sup>a</sup> Pilipino, Malay.**Table 3**

Religion of the study group

| Religion     | Frequency | Percent |
|--------------|-----------|---------|
| Buddhism     | 258       | 82.4    |
| Catholicism  | 15        | 4.8     |
| Christianity | 8         | 2.6     |
| Hinduism     | 18        | 5.8     |
| Islam        | 14        | 4.5     |
| Total        | 313       | 100.0   |

**Table 4**

Educational level of the study group

| Educational level | Frequency | Percent |
|-------------------|-----------|---------|
| No                | 2         | 0.6     |
| 1–5               | 13        | 4.2     |
| 6–10              | 60        | 19.2    |
| O/L               | 146       | 46.6    |
| A/L               | 74        | 23.6    |
| Higher            | 18        | 5.8     |
| Total             | 313       | 100.0   |

**Table 5**

Marital status of the study group

| Marital status | Frequency | Percent |
|----------------|-----------|---------|
| Married        | 282       | 90.1    |
| Separated      | 2         | 0.6     |
| Unmarried      | 28        | 8.9     |
| Widowed        | 1         | 0.3     |
| Total          | 313       | 100.0   |

had a positive urine test and 11.5% had a negative test. 29.4% of the population had undergone a previous abortion of which 19.2% were induced and 9.6% were spontaneous. 72.6% of the study group had between one to three children while 23.6% had no children. 70.3% of the population was not using any form of contraception.

**Table 6** describes the assumed knowledge of the study group regarding the law. When questioned, 65.8% of the respondents stated that they knew the current law, 25.6% stated they did not know

**Table 6**

Assumed knowledge on the law by the subjects

| Assumed knowledge on law by the subjects | Frequency | Percent |
|--|-----------|---------|
| No                                       | 80        | 25.6    |
| Not sure                                 | 26        | 8.3     |
| Non-response                             | 1         | 0.3     |
| Yes                                      | 206       | 65.8    |
| Total                                    | 313       | 100.0   |

the law and 8.3% were not sure. **Table 7** describes their knowledge on detailed questioning of the situations under which they thought abortion is permitted. 38.3% thought abortion was legal when the mother's life was in danger, 21.4% when there were fetal anomalies, 18.2% in maternal psychiatric disorders and 17.6% in pregnancy following rape and incest. In addition certain respondents believed it was legal to have an abortion when there was failed contraception, when the woman was not married, in financial difficulties, where school children became pregnant, within 3 months of the rubella vaccine, in women with cancer and other serious illnesses, where there were marital problems, and in any pregnancy if the mother or both parties so wished. **Table 8** describes the analysis of each respondent's knowledge regarding the situations where abortion is legalized including those who stated that they did not know the law. Only 11.2% had an accurate knowledge on the current law.

**Table 9** describes the views of the respondents who were asked what the law should permit when considering termination of a pregnancy. More than 75% of women stated that abortion should be legalized: (1) when the mother's life was in danger, (2) where there was pregnancy after rape or incest, (3) when there was psychiatric illness in the mother and (4) when there were fetal anomalies. Other situations included failed contraception, poverty, where the mother was unmarried, in any pregnancy, where the family was complete and there were older children, if the youngest child was below 1 year, in marital disharmony, if the mother was on medication, if the timing was inconvenient due to studies or a job abroad, if the pregnancy occurred in a child below 16 years, if the woman had another sick child to look after, if either party wanted an abortion, if pregnancy took place soon after the rubella vaccination or if the woman was about to be married. **Table 10** describes the reasons for resorting to an abortion. Of the reasons, 34% were due to social reasons such as having completed families,

**Table 7**

Responses regarding knowledge on the law

| Situation                    | Frequency | Percentage of the population |
|------------------------------|-----------|------------------------------|
| Any pregnancy                | 6         | 1.9                          |
| Unmarried                    | 10        | 3.2                          |
| Fetal anomalies              | 67        | 21.4                         |
| When mother's life in danger | 120       | 38.3                         |
| Rape and incest              | 55        | 17.6                         |
| Poverty                      | 18        | 5.8                          |
| Failed contraception         | 24        | 7.7                          |
| Psychiatric disorder         | 57        | 18.2                         |
| Other <sup>a</sup>           | 30        | 9.6                          |

<sup>a</sup> Refer text.**Table 8**

Actual knowledge on law

|       | Frequency | Percent |
|-------|-----------|---------|
| No    | 276       | 88.2    |
| NR    | 2         | 0.6     |
| Yes   | 35        | 11.2    |
| Total | 313       | 100.0   |

**Table 9**  
Views on how law should be changed

| Situation                    | Frequency | Percentage |
|------------------------------|-----------|------------|
| In any pregnancy             | 28        | 8.9        |
| If unmarried                 | 149       | 47.6       |
| Fetal anomalies              | 243       | 77.6       |
| When mother's life in danger | 273       | 87.2       |
| Rape and incest              | 251       | 80.2       |
| Poverty                      | 126       | 40.3       |
| Failed contraception         | 183       | 58.5       |
| Psychiatric illness          | 249       | 79.6       |
| Other <sup>a</sup>           | 59        | 18.8       |

<sup>a</sup> Refer text.

**Table 10**  
Reasons for resorting to abortion

| Reason                                | Frequency | Percentage of total population (i.e. of 313) | Percentage of total responses (i.e. of 395) |
|---------------------------------------|-----------|--|---|
| Physical                              | 21        | 6.71   | 5.32  |
| Social                                | 136       | 43.45  | 34.43                                       |
| Fear of ill/ abnormal child           | 10        | 3.19   | 2.53  |
| Fear of complications                 | 6         | 1.92   | 1.52  |
| Family planning reasons               | 28        | 8.95   | 7.09  |
| Financial                             | 45        | 14.38  | 11.39                                       |
| Young child                           | 62        | 19.81  | 15.70                                       |
| Age                                   | 5         | 1.60   | 1.27  |
| Education/ occupation/ foreign travel | 44        | 14.06  | 11.14                                       |
| Unmarried                             | 28        | 8.95   | 7.09  |
| Non-response                          | 1         | 0.32   | 0.25  |
| Sick child                            | 9         | 2.88   | 2.28  |
| Total                                 | 395       |  | 100   |

having adult children, and the timing being inconvenient, 15.7% was due to having another young child to look after, 11.4% was due to financial reasons, and 11.1% due to educational, occupational and travel opportunities. Other reasons included failed contraception, being unmarried, age factors, fear of complications or an abnormal child, and health concerns such as ischemic heart disease. A woman who had pregnancy induced hypertension in a previous pregnancy wanted an abortion for fear of recurrence of the complication during the present pregnancy. Another woman who was on medication wanted an abortion for fear of having an abnormal child. 35.5% of referrals to the clinic in this study group were from medical officers.

Of the 11.2% (33 respondents) who had an accurate knowledge on the current law, all except one were married. The reasons for resorting to an abortion in this group were predominantly reasons such as financial difficulties, having older children, wanting to go abroad or study further, failed contraception, and not having family support to look after the other children. Two women resorted to abortion due to health reasons. One had a history of recurrent fits, and the other, was diagnosed with ischemic heart disease and had symptoms of breathlessness and tiredness. Forty-three percent of this group was not using any form of contraception.

#### 4. Discussion

The majority of women who resorted to an abortion in this study were married and between 31 and 35 years in age. 70.3% of them were not using any form of contraception. This would have contributed to the high proportion of abortions in this age group.

Among the reasons for non-use included previous failures, forgetfulness, discomfort as a result of the methods used, and social reasons such as being separated from their spouse for a long time such as in those who served in the armed forces. Although 11.2% were aware of the law, there was no difference in the reasons for resorting to an abortion when compared with those who were unaware of the law. Only the respondent with diagnosed ischemic heart disease could have possibly been considered as having a condition which could result in "danger to the life of the mother" and a legally justifiable reason for termination of a pregnancy. In all other respondents, the reasons given for seeking an abortion were not within the law. The majority of women were of the view that abortion should legally be permitted in addition to the existing law in pregnancy following rape or incest, in psychiatric illness in the mother and where there were diagnosed fetal anomalies. These views were independent of the reason they had resorted to an abortion, as none of the reasons for which they wanted an abortion fitted any of these categories. In a study reviewing the characteristics of women who obtain induced abortion worldwide, more than half the countries studied showed that married women obtained a larger proportion of abortions than unmarried women. However, once pregnant, unmarried women were more likely than married women to choose abortion.<sup>2</sup> The study done in Sri Lanka in 1998 revealed that induced abortion rates were noted to be low in unmarried, adolescents and among students. Married women were noted to have a higher rate of abortion.<sup>1</sup> In a study of 27 countries on the reason for seeking abortion, the most commonly reported reason in the Asian countries was the desire to delay or limit the pregnancy, the latter being more prevalent. This study also revealed that the majority of abortions in the region were to married women,<sup>3</sup> a finding consistent with the present study. This is likely because of the widespread preference for smaller families in the Asian region.

#### 5. Conclusions

This study highlights the fact that availability of abortion services to women depend not only on the law and its awareness, but on how it is interpreted and enforced and the attitudes of the medical community towards induced abortion. 35.5% of the referrals being from medical officers indicate that there are medical officers who would support induced abortion for conditions other than to save the life of the mother. More than 70% of the study population not using contraceptives needs further investigation as to how effective contraceptive use may be promoted in such a group.

#### Funding

None.

#### Conflict of interest

None.

#### Ethical approval

Ethical approval obtained from the Ethical Review Committee of the Sri Lanka Medical Association.

#### Acknowledgment

Permission granted by the Director of the clinic to conduct this study is gratefully acknowledged.

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